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Art. I.—PHILADELPHIA HOSPITAL, (BLOCKLEY.)

DR. DUNGLISON, ATTENDING PHYSICIAN.

Case of Apoplexy—Extensive softening of the left corpus striatum. Reported by Joseph B. Cottman, M. D., Resident Physician.

George Freeborn, æt. 21, labourer; born in Ireland; came to this country about four weeks ago; landed in New York; was then in perfect health; came to Philadelphia soon afterwards; was much exposed to the sun during his passage over, and for several weeks since he has been in this country; attacked with vomiting and intense pain in his head on the 15th of July; a physician was called to see him, who had his head shaved; cups, leeches, and blisters were applied to the nape of his neck, blisters to the lower extremities, and he took some medicine internally; he gradually grew worse until the 3d of August, when he was deprived of speech; on the 4th, rigidity of right arm and leg was observed, which continued to grow worse until the 9th, when he was brought to the hospital.

State.—Very much emaciated; decubitus dorsal; left leg slightly flexed; right side completely paralysed; extremities very rigid; skin warm and moist; pulse 120 in right arm, and scarcely perceptible in left; face flushed, distorted; mouth drawn to left side; pupils dilated; nostrils dilate very much on expiration; tongue coated with a dark brown fur; gums and teeth covered with sordes; respiration laboured, costal; a wheezing noise in breathing; takes no notice of any thing; has to be confined to his bed by means of straps to prevent him from falling out.

Treatment.—Blisters were applied to the nape of the neck and to the extremities.

August 10th, A. M. Slept none; restless during the night; this morning is improved in appearance; observes objects; pupils not so much dilated; skin warm and perspirable; pulse 120 in right arm; passes his evacuations, which are thin, watery, and yellowish, in bed.

P. M. Very restless; face very much distorted, and expressive of pain; lies on his back, with his left hand constantly applied to his head; the right hand lies powerless by his side; arm and leg on right side very rigid; loss of sensation; temperature of right side, as indicated by a thermometer placed in axilla, 99°, left side 104°; subsultus tendinum in both extremities; skin of left side natural temperature, and perspiring; pulse 126 in right arm, full and bounding; blister drew well. It was ordered to be dressed with the ung. hyd. fort.; blistered surfaces on extremities discharge freely; dressed with the same. Applicentur hirud. American. No. xxxvi ad tempora.

11th A. M. Slept none through the night; found him asleep at the morning visit.

P. M. Intelligence clearer; observes when spoken to; endeavours to protrude his tongue when asked to do so; tongue still coated with a dark fur; teeth covered with sordes; pupils slightly dilated; respiration easy; pulse 112, full and regular. Continue the mercurial dressings, and give the following enema every night.

℞. Ol. terebinth. ℥ss. muc. lini ℥vss.

12th P. M. Expression calm; face not so flushed; skin of left side of natural temperature; respiration easy; pulse of right arm 98, regular, scarcely felt in left; drowsy; slept a greater part of the day; asleep at present; intelligence at times better; recognised some acquaintances who came to see him to day.

Continue to dress the blistered surfaces with the unguentum hydrargyri, and give the stimulating injection at night.

13th A. M. Slept very little during the night; very noisy; constantly moaning; pupils somewhat dilated; mouth drawn more to left side; extremities of right side more rigid; passes his evacuations involuntarily. Continue the treatment.

14th. No change since yesterday. Continue the treatment.

17th. Somewhat improved; expression better; stronger; is able to raise himself in bed by the aid of his left arm alone; pupils slightly dilated; mouth still drawn to left side; tongue cleaner; gums very much swollen; mercurial fœtor of breath; teeth covered with sordes; respiration easy; pulse 98, regular; passes his evacuations in bed.

No change in the treatment since last note; apply another blister to the nape of neck; blisters on lower extremities still open, dressed with the unguentum hydrargyri.

21st. More intelligent; observes when spoken to; extends his left hand when asked to do so; expression improved; pupils more natural; tongue and gums clean; pulse 120 on right side; right arm and leg still very rigid; very noisy at night; moans almost constantly; sat up yesterday in an arm chair a greater part of the day, a strap being put around him to prevent him from falling out. Continuent. remedia.

22d. Improved; allowed to sit up during the day.

23d. Became faint yesterday afternoon; very drowsy; could not be aroused; pulse failed; extremities became very cold; means were made use of which brought about slight reaction; he, however, soon sank back into the same state, and died August 25th.

Necroscopy ten hours after death.—Exterior very much emaciated; on dividing the scalp and dissecting it off, two marks of contusions were observed on the parietal bones on each side.

Brain.—Dura mater natural, slightly adherent to arachnoid; a few vessels were detached on separating it; arachnoid injected and slightly opaque on the summit of both hemispheres, more particularly the left; no fluid in the longitudinal sinus; about a gill of fluid between the membranes and the brain, immediately anterior to the medulla oblongata; on cutting down into the right ventricle, a small quantity of fluid was found—about two drams; substance of brain, on the right, natural; the substance of the corpus striatum on the left side, in its upper portion, to the extent of about one fourth of an inch, was reduced, to a greenish yellow pulpy mass; portions of it were reduced to a yellowish pus; the medullary substance of the brain on that side, as far up as the base of the convolutions, was softened, to the extent of two and a half inches in the antero-posterior direction, and two inches in the transverse, extending more particularly to the anterior portion of the brain; choroid plexus very finely injected; the arachnoid membrane, extending over the base of the cerebellum, was more than ordinarily injected; over the pons varolii and about the medulla oblongata very minutely injected; substance of the cerebellum of good consistence; of the medulla oblongata also.

The other organs of the body were normal, with the exception of the kidneys, which were atrophied

J. B. Cottman.

Art. II.—CLINICAL OBSERVATIONS ON THE USE OF THE AIR-DOUCHE IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

BY T. WHARTON JONES, ESQ.[1]

Circumstances having of late forcibly drawn the attention of the profession to catheterism of the Eustachian tube, and injections of atmospherical air into the tympanum, it behoves every one to contribute what mite of information he may possess, at all calculated to clear away the difficulties or doubts which hang about the subject; for, like most new modes of treatment, considerable misconception prevails regarding it, both as to the principle and performance of the operation, as well as its advantages, being on the one hand overrated, and on the other underrated.

Carefully observed and faithfully reported cases, it is obvious, are the only means of guiding to a correct judgment. Many cases are to be found in the works of Deleau and Kramer, but they do not record the daily progress of the treatment: for this reason I have thought the following cases, extracted nearly word for word as they occur in my case-book, might be read not without interest. And here I would express a hope that these contributions will be received as they are offered, viz. as imperfect observations on a subject not, indeed, of easy investigation, but by no means incapable of it—a subject, which, it is hoped, surgeons will see the propriety of attending to more than hitherto, so as to be able to discriminate what can from what cannot be done, and what it is safe from what it is unsafe to do. In all this we must keep in mind the precept—"Nil fingendum, nil excogitandum, sed inveniendum quod natura ferat—quod natura faciat."

It is to be premised, that we endeavour to form our diagnosis of the state of the Eustachian tube and cavity of the tympanum on the principle already adopted in diseases of the chest, viz. to hear when it is impossible to see or touch the disease, the only difference being, that the air producing the sounds in the tympanum is put into motion artificially by the air-douche.

In regard to the air-douche as a means of treatment, all that can be effected by it is the gradual dispersion of any accumulation of mucus which may exist in the middle ear, or the rendering pervious the Eustachian tube, the walls of which have been glued together by thickened mucus.

The eye and ear, though apparently so very different from each other, coincide in many respects both in their structure and in their diseases. As the diseases of the former are much better known than those of the latter, the cautious use of this analogy will be of material service in our examination of the morbid conditions of the ear. Thus, for the sake of example, it may be mentioned that the conjunctiva, that part of the eye which is the seat of some of its most important diseases, is a mucous membrane situated at the peripheral surface of the eyeball. In the ear some of the most common cases of the derangement of its function depend, in like manner, on the morbid condition of a mucous membrane—that lining the cavity of the tympanum—which, being situated at the peripheral surface of the labyrinth, the essential part of the apparatus of hearing, bears exactly the same anatomical relation to it as the conjunctiva does to the eyeball. Again, the nasal duct, a mucous canal, is the seat of some not unfrequent and very troublesome affections of the eye. The Eustachian tube, which resembles the nasal duct in every anatomical particular, does so also in a remarkable degree in its pathological states. Many more examples might be given of the similarity between the structure and diseases of the eye and ear, but these are sufficient to direct attention to the fact. It is to be borne in mind, however, that in consequence of the difference of conditions required for the exercise of the functions of the two organs, the same elementary form of disease shall have a very different effect on vision and hearing. For ex-

[1] Lond. Med. Gaz. Aug. 3, 1839, p. 670.

ample, inflammation and obstruction of the nasal duct has not such a direct effect on the exercise of the function of the eye as the same state of the Eustachian tube has on that of the ear.

In the case of the eye, we can readily remove any accumulation of thickened mucus by means of a sponge and warm water; but the more inaccessible cavity of the tympanum requires to be cleared out by more complicated means. In applying the air-douche for this purpose, or for the purpose of diagnosis, we ought to go on much the same principle as is followed when it is wanted to blow dust, &c. out of the pipe of a key, viz. give free room for the regurgitation of the air, both where the catheter is inserted into the mouth of the Eustachian tube, and where the nozzle of the tube of the air-press is inserted into the dilated end of the catheter.

But as in catarrhal ophthalmia, for instance, it is not enough to wipe away the discharge from the eye, but also necessary to make some local application to the conjunctiva, if not to employ some general remedy; so in many cases we must medicate the membrane lining the cavity of the tympanum at least (if we do not think it necessary to adopt any more general treatment,) after the accumulated mucus has been removed by the air-douche; or in the event of no accumulation existing, there may still be a morbid state of the membrane lining the cavity of the tympanum, admitting of being as beneficially acted upon by some local stimulating application as the conjunctiva in chronic conjunctivitis.

It is as simple a matter to put a drop into the eye as to wipe away a discharge; but in the case of the ear, it is as complicated a proceeding to apply a remedy directly to the membrane lining the cavity of the tympanum as to disperse accumulated mucus. Watery injections are inconvenient in their application, and cause pain. The vapour of acetic ether, admitting of being easily sent in, and exciting no pain beyond a prickling sensation, has been found the best adapted.

The cases which derive advantage from the injection of ethereal vapour, Dr. Kramer considers cases of nervous deafness; but I believe some change in the membrane lining the tympanum, will, in many instances, be found a more likely cause of the symptoms than any affection of the auditory nerves, as well as the more likely condition to be benefited by the contact of the vapours of acetic ether.

We have, as yet, no correct knowledge of the diseases of the labyrinth. A correct diagnosis, as far as may be, having been formed, of course it is advisable to employ, before or in addition to purely local treatment, leeching, blistering, or whatever other more general remedies may be indicated, the same principles that guide in the employment of general treatment in diseases of the eye, &c. guiding us here.

To place in a striking point of view how far the air-douche serves as a means of diagnosis, and how far as a means of treatment, I take the following calculation from Dr. Kramer's "Tabular view of the frequency and curability of diseases of the ear," remarking that it corresponds with my own, though less extensive experience here. Out of 300 cases of diseases of the ear of all kinds, 200 in round numbers require the air-douche to assist the diagnosis, but about 30 only are curable by it. Of the remaining 170, about 30 are put down as cured, and about 50 as relieved, by the injection of vapours of acetic ether; this treatment having been continued for months. Of the remainder, 80 were considered as incurable from the first, and not treated (farther than the exploratory treatment, I suppose;) the rest remained rebellious to treatment.

As, in the following cases, admeasurement of the hearing distance by a watch is constantly referred to, it may be well to remark that the capability of catching conversation is not always in proportion to the power of hearing a definite and equable sound, like that of a watch. The power to follow conversation is, in fact, sometimes greater than we might suppose indicated by the distance at which a watch is heard; but, on the other hand, it is also

sometimes considerably less, and this I have particularly remarked in cases treated, and so far improved, by the injection of vapours of acetic ether. Notwithstanding this, an approximate conclusion regarding the state of the hearing, sufficient to regulate our diagnosis and treatment, can be made by means of the ticking of a watch, particularly as the sound can be admitted to the ear under examination, always under similar circumstances.

CASE I.—Accumulation of wax in external auditory passages—Obstruction of Eustachian tubes—Cavity of the tympanum free.

A. B. a woman servant, aged 40.

Wednesday, August 8, 1838.—*Left ear:* Hearing distance by a watch, two inches, with noise in the ear sometimes like a waterfall.

A year last January, the affection came on for the first time, in consequence of cold. The deafness continued for about six weeks, and then went off suddenly. About the end of the following summer the deafness came on again, and then went off as before. Was attacked again in the following winter, but that time the deafness and noise in ear continued three months. The present attack has continued six weeks.

Right ear.—Hears the same watch at the distance of nine feet ten inches. Had noise in the right ear last year, but not now. The right ear was as bad as the left when first attacked.

Throat a little red, but not swollen. Sense of smell not so acute as formerly, and nostrils rather dry.

Considerable accumulation of dark brown wax in both auditory passages.

Wax ordered to be syringed out preparatory to further examination.

Thursday, 9th.—Has had both ears syringed out. The passage on the right side is now quite clean, and free from any accumulation of wax; but the lower wall, about the middle, has been fretted by the point of the syringe. The membranum tympani on this (right) side, is opaque and slightly yellow; the handle of the malleus, however, can be distinctly seen.

Still some wax in the left passage, so that only the lower part of the membrana tympani can be seen; and this part appears to be in the same state as the membrane is on the right side.

Noise in the left ear entirely gone, but still feels stuffed.

Hearing distance of the right ear, fifteen feet, seven inches; of the left ear, fifteen feet, four inches.

Ordered the left ear to be syringed again, and a solution of the acetate of lead (gr. iij. aq. dest. ℥j.) to be poured into the auditory passages two or three times a day.

Friday, 10th.—Hearing distance of right ear, thirteen feet, nine inches; of left ear, nine feet, six inches.

Still some wax in left auditory passage, which was ordered to be syringed out again.

A feeling of stuffing in both ears, proceeding from the nose, as if she could not breathe.

Applied the air-douche to the left side, and found that the air did not penetrate to the tympanum.

To take a little medicine.

Saturday, 11th.—Still some wax adhering to the upper wall of the left auditory passage, but the whole of the membrana tympani can be seen. Has had some noise in the left ear like the singing of a tea-kettle.

Hearing distance of the right ear ten feet, six inches; of the left ear fourteen feet, nine inches.

Applied the air-douche again to the left ear, but the air did not penetrate. Applied the air-douche also to the right ear. The air penetrated at first in a small whistling stream, and then with some gurgling, but yet not very freely. Stuffing on the right side a little relieved, but still exists on the left side.

The right ear heard the watch, after the application of the air-douche, at

the distance of seventeen feet, nine inches; the left ear at eleven feet, ten inches.

Monday, 13th.—Left auditory passage is now quite clear. Still some noise in left ear like the ticking of a watch, but not constant.

Applied the air-douche to the left ear. The air now penetrated a little, so that the sensation of stuffing is somewhat less. Applied the air-douche to the right ear also, when the air entered more freely than on Saturday, and with a rushing and gurgling sound.

Hearing distance of the right ear is eighteen feet four inches; that of the left ear is nineteen feet nine inches.

Tuesday, 14th.—The right ear just hears the watch from one corner of the room to the other (about twenty-five feet.) No stuffing.

Left ear.—Stuffing less; still some noise like the ticking of a watch occasionally. Just hears the watch from one corner of the room to the other.

Applied the air-douche to the left ear only to-day. The air now enters freely with a rushing and howling sound. After the douche, no noise in the ear, nor feeling of stuffing. The heaviness and confusion of the head which she had formerly, are now gone. About five minutes after the application of the air-douche, heard the watch with the left ear pretty distinctly from one corner of the room to the other.

Wednesday, 15th.—Has had no noise in the left ear since yesterday. Stuffing very much less. Throat and tongue pretty well.

Hears the watch distinctly with both ears from one corner of the room to the other.

To come again on Friday.

Friday, 17th.—Noise in the ears recurred this morning, together with the sensation of stuffing.

Right ear fourteen feet eight inches; left ear sixteen feet.

Applied the air-douche to both sides. There was some gurgling heard in the right tympanum. Some stinging pain felt, more on the right side than on the left, when the air is sent in with any degree of force.

After the douche, heard the watch from one corner of the room to the other, but less distinctly with the right ear than the left. Noise and stuffing gone.

Saturday, 18th.—No complaint, and hears well. Dismissed cured.

Remarks.—Though a simple, this is a very valuable and instructive case; and as such, I have chosen it to begin with.

The first thing to be noted is the coincident accumulations of wax in the external auditory passages, with obstruction of the Eustachian tubes, complete on the left side, and incomplete on the right—circumstances indicating the previous existence of erythematous inflammation of the external auditory passages, and a catarrhal affection of the mucous membrane of the middle ear.

Though the right and the left auditory passages were equally stopped up with wax, the Eustachian tube of the right side was not completely obstructed; hence perhaps, the cause of the difference in the power of hearing presented by the two ears before the removal of the wax.

But the circumstance which merits particular notice, and which, according to prevailing notions of the physiology of the ear, was not to have been expected, is the great increase of the hearing distance after the removal of the wax, notwithstanding the existence of obstruction of the Eustachian tubes discovered by the application of the air-douche—obstruction so complete on the left side as not to yield to the air-douche until the third sitting.

The obstruction of the Eustachian tubes appeared to be owing to a glueing together of their walls by thickened mucus. The sounds produced by the entrance of the air indicated a pretty natural state of the cavity of the tympanum; hence the rapid improvement in hearing consequent on the removal of the wax, even while the Eustachian tubes remained obstructed, and the still further and equally rapid improvement, according as the latter were rendered pervious.

Art. III.—ON QUACKERY AND ON EAR MEDICINE.

BY HENRY SAVAGE, ESQ. M. R. C. S. L., LECTURER ON ANATOMY, &C. LONDON.[1]

Bonis nocet quisquis pepercerit malis.—Publius.

[Since sending the last article to the press, we have received the following, in which the writer—after speaking of various forms of quackery, and of the necessity for the members of the medical profession to guard the public against the snares of the empiric—thus alludes to ear medicine. *Ed.*]

An instrument called an air-press has been lately introduced into this country, being intended, by its ingenious inventor, for the treatment of those diseases of the ear which are confined to the tympanum, and to which alone it can be of any service whatever. Kramer, a German physician of considerable eminence, in a work on Otic Diseases, which, unlike any of its predecessors, national or foreign, bears, on every page, the stamp of truth, amongst other valuable matter, has given ample direction for the use of this instrument. He points out, and distinguishes, with the utmost precision, those cases for the treatment of which it is peculiarly adapted; in fact, he has quite revolutionised ear medicine, before practised so empirically, by applying curative measures directly to the tympanum and Eustachian tube, in those complaints which hitherto have been exclusively submitted to external treatment.

It is a well known fact, which is understood on the slightest anatomical examination of the ear, that the channel through which sonorous impressions are conveyed to the brain, consists of three distinct portions, which have no opening of communication with each other. The external portion, called also *external ear*, consists of a cartilaginous expansion, and a canal, partly osseous and partly cartilaginous. The latter, from being incurvated, and consequently not easily seen throughout the whole of its inner surface, has given rise to the popular error of its forming an unobstructed channel in the head; but cautious and well directed examination shows that it is perfectly closed at its further end by a membrane, which effectually cuts off every communication with the portions beyond. This is the membrane of the tympanum, or drum; in appearance it resembles a circular piece of thin parchment, and like its patronym seems stretched across a second portion of the organ or tympanum itself; it is strengthened on its inner side by the lining of the last-named cavity, and on its outer by that of the canal. The *tympanum* (middle ear) is an irregularly shaped cavity, situated intermediately between the outer ear, above described, and the inner ear. The outer side of the latter thus becomes the inner side of the former, and forms a partition between the two. In this partition are two apertures (*fenestræ;*) each, however, is perfectly closed by a special membrane, in reality a tympanic membrane; but here it takes the name of the opening it serves to close, and is called fenestral. The tympanum contains a chain of little bones (*tympanic ossicula,*) which are extended from within, outwards, across its cavity, one end being attached to the tympanic membrane, the other to one of the fenestral membranes. The Eustachian tube, so called after its supposed discoverer, Eustachius, is a canal by which the cavity of the tympanum communicates with the external air; and it opens opposite to the corresponding nostril at the upper and back part of the throat. The inner portion (*inner ear*) called. also, on account of its complex conformation, *labyrinth*, contains the auditory nerve, and is the most important part

[1] London Lancet, Aug. 31, 1839, p. 823.

of the organ, inasmuch as it is there only that the sonorous percussions are perceived by the sensorium. It is difficult to convey briefly to those not accustomed to anatomical pursuits, an adequate idea of the singular beauty of this portion of the acoustic apparatus as it exists in man, without referring to the more simple forms, under which it is found in animals of a lower grade in the animal scale.

The condition here alluded to, is shortly this: a membranous sac containing fluid serves as a surface for the expansion of the auditory nerve into sentient points of extreme minuteness. This inner sac, thus prepared for the reception of auditory impressions, is enclosed within a second or outer sac; but the latter also contains fluid, by which it is prevented from coming into actual contact with any part of the delicate nervous surface of the former.

Now, we are taught, by a well known hydrostatic law, that this fluid, which separates the two sacs, by reason of the property which it possesses in common with all fluids, transfers instantaneously to every point of the inner sac, in all its intensity, an impulse received on any point of the outer one. It is not necessary, therefore, that the entire surface of the outer sac should be exposed to sonorous impulses; a limited circumscribed spot is quite sufficient for the purpose; hence it is usual to find the outer sac osseous, with the exception of a small aperture or fenestra, which is closed by a fenestral membrane. This arrangement is repeated precisely in the formation of the human labyrinth; the difference consisting only in the configuration into which the two sacs are drawn out and extended; but these respective relations, as they exist in the less complicated conditions, remain unaltered.

The functions of the various parts above described, are shortly these. The outer ear collects sonorous impulses and conveys them along its canal to strike on the tympanitic membrane. The chain of ossicula conducts them across the tympanum to the fenestral membrane, or circumscribed unossified point of the outer labyrinthic sac. Lastly, by means of the fluid between the two sacs, the impressions are multiplied, and so are received on every sentient point of the nervous inner sac quite as well as if the whole surface were exposed to them without intermediation. The only difference between the nervous sentient surface in the ear and that in the eye, which forms the retina, is this: the former is expanded on the outer or convex side of a sac of fluid, and the latter, on the inner and concavity of a similar structure.

As one essential condition for perfect hearing, the tympanic membrane must be free to vibrate; sound results not from one impulse long continued, but from many, following each other in quick succession. The limits between which regularly recurring impulses are perceptible, as sounds have been generally stated at 30 in a second, for the lowest; and 12,000 for the most *acute;* or, in other words, during that almost inappreciable space of time between two ticks of an ordinary watch, the membranes of the tympanum, and of course the ossicula, must be in alternate conditions of action and inaction 30 times; that is to say, in order to hear through the channel afforded by these parts, they having been put into action by one impulse, must return to their former quiescent condition before they can transmit a second impulse, and this process must be repeated for the whole 30 times. In order to accomplish this inconceivably rapid alternation of activity and repose, the bones are articulated in angular directions, presenting a series of levers in connection with each other, and furnished with muscles or elastic ligaments, which readily restore them to their inactive state. This arrangement forcibly reminds us of that in a pianoforte, between the finger key and the hammer which strikes the wire, whereby the impulse of the finger on the former is propagated with a certain mechanical advantage to the latter, and the whole returns to its original condition immediately after the note has been struck.

If the tympanum were a closed cavity the tympanic membrane and ossi-

cula could not thus vibrate, and one of the most important purposes of the Eustachian tube is to provide for the necessary external communication.

Deductions of the utmost practical importance may be drawn from the above imperfect sketch of anatomical and physiological peculiarities of the organ.

1. Disease may be exclusively confined to one of the three compartments of the ear; the other two remaining unaffected.

2. Curative measures may be directed immediately to the outer ear; and also to the tympanum, through the Eustachian tube, but none can ever reach the labyrinth.

3. Diseases of the labyrinth are necessarily attended with absolute loss of hearing. The various affections of the outer ear and tympanum may render hearing exceedingly imperfect, but complete deafness requires a morbid alteration of the labyrinth.[1]

The new system of ear medicine mainly consists in the circulation of fluids through the tympanum, by the way of the Eustachian tube, with the view of clearing it of mucous obstructions, or of inducing a healthy state of its membrane. By this mode its followers profess to cure the majority of deaf cases, and it remains to show how far their pretensions are to be relied on. Good or bad, they have not escaped the lot common to all novelties, when first ushered forth into the world; and, as might have been expected, the greatest opposition they met with sprung from the professors of the old school.

A recent medico-legal investigation into the cause by which sudden death had occurred during the use of this most important of modern acoustic instruments,—the air-press,—afforded these ancient aurists a rare opportunity, which did not escape their jealous watchfulness, of raising a clamour against the new system, and bringing its advocates into disrepute. The latter had fairly exposed themselves to the rebuke of setting up this instrument, by way of clap-trap, to catch unwary patients, who having been attracted solely by the encomiums lavished upon it, would not be contented unless it was tested upon themselves; at least, this is the most charitable excuse that can be offered in exculpation of that great want of discrimination which attended its employment. The rival aurists now amused the public, and disgusted the profession, by various explanatory counter statements; both parties joined in reprobating the mode of practice of their poor *confrére* in distress, whilst each endeavoured to show how much their individual plans differed from that which led to the lamentable occurrence in question. *Clap-trap* cannot be considered a term too harsh in the designation of any means introduced to the world as a universal agent, when it is not eligible in more than one case out of ten of those very diseases which it is stated to cure in all forms and conditions. The reader will find this assertion confirmed if he choose to consult the works of the great fathers of modern ear medicine,—Kramer, Itard, and Deleau, under whose sacred names the catheter is crammed down the Eustachian gullet of the capricious and credulous, day after day.

Kramer, who deserves implicit credence, gives the following statistical statement, which is drawn up with the greatest care. Out of 300 cases, taken as they occurred, 104 were uncured, 96 cured, 92 relieved, and 8 incurable. Of this 300—55 were cases of disease of the tympanum, 85 of the external ear, 152 of the internal ear, and the remaining 8, which are reckoned as incurable, were cases of deaf and dumb deafness. The 55 cases of tympanic disease may be classified as follows:—

[1] It is worthy of remark, that there is a wide difference between a mere perception of sonorous impulses, and the capability of discriminating sounds as is indispensable for vocal communication. The assertion that loss of the tympanic membrane and ossicula is not attended by impairment of the sense, is a grave error,—*natura nihil agit frustra*. What, then, can be the use of a complicated apparatus of bones and membranes?

		Uncured.	Cured.	Relieved.
Inflammation of the mucous membrane, with obstruction	34 viz.	"	28	6
Inflammation of mucous membrane, with stricture of the Eustachian tube . .	19	16	"	3
The same, with obliteration instead of simple obstruction	1	1	"	"
Inflammation of the cellular tissue of the cavity of the tympanum	1	1	"	"
Total	55	"	"	"

Thus, out of 300 cases, the instrument is eligible only in 55, and of this little proportion, only 28 were cured by it.

From this admirable table we may get at the true value of the air-press. Its applicability, as a curative agent, is limited to less than 1 in 10 of those cases which present themselves in the ordinary routine. Its range of utility, as a diagnostic agent, takes a wider sweep, but in this capacity it will include but 300—85, or 215 cases; and, as not more than 28 are curable by it, the ratio becomes something above 1 in 8 out of those cases in which its most strenuous advocates can reasonably expect relief. If insufflation was perfectly harmless, its trial in every case would not be so much objected to; but it is a dangerous remedy, requiring great discrimination when administered by means of the air-press. The air loses its latent heat in proportion to the degree of its condensation, and as it has to regain it when it resumes its former volume, the stream of air which issues from the reservoir acquires a great refrigerating power. "Now, the application of cold in any form acts injuriously on the ear, not only on the auditory nerve, but even on the membranous coats of the organ, where the vital heat and small supply of blood is quite unequal to resist the power of cold."—(Kramer.) I myself have witnessed several cases of dangerously protracted syncope, from merely syringing the ears with cold water; and the late instance of sudden death, alluded to in the former part of this paper, was undoubtedly produced by the long continued circulation of a stream of air, which had become highly refrigerating, in escaping from the air-press. The explanation is furnished by the relative anatomy of the region: the carotid canal is separated from the tympanum by a septum of bone, which is not thick enough to protect the vessel within it from the constringent effects of cold; the brain may in this way be suddenly deprived of its accustomed supply of arterial blood; the equilibrium between the cerebral substance and the fluids circulating within the skull is disturbed; and syncope, dangerous in proportion to the suddenness of the alteration, is the consequence. Hence the sickness, faintness, and other unpleasant symptoms which attend the operation, especially on susceptible invalids. Any one may prove in his own person that these observations are not chimerical, by a simple experminent; let him syringe his ears with cold water, and, however sceptical before, he will at once join with me in the hope, that another sacrifice of human life will not be required to teach a proper distrust of universal remedies.

One would almost conclude, from the many precautions interspersed in Kramer's work, that he must have met with untoward cases of this description. Thus, he enjoins that the whole force of the stream should not be turned on at once, but gradually, the operator attentively listening at the ear of the patient to ascertain when it reaches the tympanum. In some aggravated cases the air will not be found to enter that cavity for a considerable time; when it does, if the dulness of hearing depends on mucous obstruction, remarkable improvement is experienced immediately; if the case be not one amongst the few which can be thus benefited, the operator improves his diagnosis by noticing the particular anormal sound made by the circulating air. In either case the instrument should be laid aside, as it can be of no further use on that occasion; on the contrary, it may do harm by "exciting the ear."

Mucous engorgement is the only ailment remediable by the air-press; the relief depends on the re-establishment of the vibratile powers of the tympanic membranes. Distension of the tympanum is relieved by a partial discharge of the fluid; if the latter be thin, no material deafness is experienced, because it will find a ready outlet through the Eustachian tube. In all cases, whether recent or ancient, the douche should be used occasionally only, and general treatment resorted to. Under these circumstances is it exceeding the bounds of justice to include all those who profess to cure deafness by exclusive measures, air-press or no air-press, under the opprobrious epithet of quacks, especially as the principles of rational treatment are few, plain, and simple, and are easily deducible from a limited anatomical examination of the organ. Moreover, when such persons assert, in the face of the whole world, through the medium of pamphlet, book, or any other species of advertisement, that they can cure all complaints of this description, ought not such communications to be regarded as forming a part of that great system of imposture by which the public are every day misled, and prevented from seeking relief at the hands of those who really merit their confidence?

7, *Lower Southampton street, Fitzroy square, August* 21*st*, 1839.

For the American Medical Intelligencer.

LETTER FROM MR. VEZIN.

Dear Sir,—Dr. Moehring, a few days ago, handed me the number of the American Medical Library containing a notice of my brother's pamphlet on the itch. The author of it expresses surprise at the large proportion of cases of itch in the hospital of Osnabrück; and attributes to that circumstance the particular attention directed by the medical superintendent to the cheapest and most expeditious mode of curing this complaint. Permit me to correct what is a misapprehension of the case.

Osnabrück is a mere country town, of about eleven thousand inhabitants, with scarce any manufactures or floating population, and the itch is not a more common disease there, than in other parts of Germany. The hospital is a very small building, with limited accommodations, and was scarcely known out of the city, and its immediate environs, previous to my brother's being appointed physician to it.

But his successful application of the English method of curing the itch, as modified by him, was the cause that numbers afflicted with that malady resorted to it from various parts of Germany. That little hospital thus acquired a certain degree of celebrity; and my brother's pamphlet, which contains nothing but facts which are strictly true, has produced considerable sensation in Germany.

Respectfully, dear sir,
Your obedient servant,
CHARLES VEZIN.

September 18, 1839.
Robley Dunglison, Esq., M. D.

BIBLIOGRAPHICAL NOTICES.

Hale on Typhoid Fever.[1]

The purport of this essay, like that of Dr. Jackson, which we noticed in the terms it so well merited in our last volume,[2] is to communicate the results

[1] Observations on the Typhoid Fever of New England. Read at the Annual Meeting of the Massachusetts Medical Society, May 29, 1839. By Enoch Hale, M. D., Attending Physician to the Muss. General Hospital. 8vo. pp. 77. Boston, 1839.

[2] Page 206.

of the observations of the able author on the "specific disease" designated under the name of typhoid fever. Those results are confirmatory of the views now extensively embraced, both in Europe and this country, that there is a distinction, generally appreciable from the symptoms during life and the appearances on dissection, between the abdominal typhus or typhoid fever, and pure typhus or petechial fever. We have so frequently alluded, however, to this distinction, that it is unnecessary to dwell upon it here. Our restricted space will only permit of our extracting the following appropriate observations, which coincide in the main with our own views.

"We may, I think, now regard it as established, that the true typhoid fever is marked by rose spots on the abdomen, and the affection of Peyer's glands in the intestines. As diagnostic signs, therefore, these appearances are of the highest value; since they enable us, generally during life, and always after death, to ascertain with entire confidence, the character of the disease in which they are observed.

"The question next arises, What degree of importance shall be attached to them in a pathological point of view? What influence have these affections, or either of them, in producing or modifying the general symptoms of fever. In England, the affection of Peyer's glands is almost universally regarded merely as an accidental complication of fever, of no more consequence to its general character than inflammation of the lungs or the stomach. In France, on the contrary, especially by many of the pupils of Louis, it is considered as the chief cause of all the phenomena, without which they cannot be produced. I do not perceive that M. Louis himself has any where distinctly expressed this opinion. But the manner in which he uniformly speaks of the affection as the essential characteristic of typhoid fever, certainly countenances it. The truth doubtless, as in many other cases, lies between.

"That the affection is something more than an accidental occurrence, is apparent from the mere fact of its universal prevalence. This prevalence, indeed, has been denied by the English physicians; but, as I think we have sufficiently shown, a more full examination of their own diseases would prove that they are in error; and that the affection is found, whenever it is properly looked for, in true typhoid fever.

"On the other hand, it is not easy to believe that an inflammation in the ileum, of so small an extent as is often observed, should be capable of giving rise to all the variety of symptoms that are frequently seen in that fever. At a later stage, when the disease of the intestine has proceeded to ulceration, it is not difficult to account for its influence. In regard to perforation, there can be no doubt of its agency; and independently of that, there is much ground for the opinion suggested by Dr. Bright, that many of the leading symptoms are kept up by the irritation of the intestine, either directly or by its sympathetic effects. But ulceration rarely, if ever, is found before the twelfth day, while many of the most active symptoms of disease, headach, dizziness, general pain, &c., are often present at the very beginning. In a large proportion of cases, especially those in which there is no delirium, the general symptoms are on the decline, at the period when it should seem, from anatomical researches, that the affection of the glands is constantly advancing.

"These glands are also affected in other diseases; and, although those diseases have so little affinity with typhoid fever, that the fact of a kindred affection causes no embarrassment in diagnosis, we might reasonably expect to see some analogous effects in them, if its influence in this were so important as has been supposed. It is true, that in phthisis the appearance of the ulcerations is somewhat different, but the organ affected is the same, and the immediate consequence, diarrhœa, is often the same, and yet the symptoms that accompany it in the general system are most unlike. In the

affection of teething children, the case is still stronger, for both are acute diseases, and the course and appearances of the local derangement are perfectly similar.

"We are not, therefore, to regard the affection of Peyer's glands as the cause of the other symptoms of typhoid fever, but as an effect with them of some common cause, the true character of which remains still to be discovered. It will facilitate the investigation of that cause, to keep in mind a right view of what has been already done. If we prematurely imagine the whole question to be settled, we of course take away the inducements to further enquiry. It is much to have advanced so far, as to have obtained some fixed points, resting upon indisputable facts, that are not liable to be removed by any successive change of opinion. The influence will be highly important in all future pathological investigations, in respect to other diseases as well as to fever.

"The question remains, Of what avail is the knowledge of the disease of Peyer's glands, in the treatment of typhoid fever? It certainly does not bring us information of any sure method of cure. The local inflammation and ulceration are no more under our control, than are the other symptoms. This knowledge, however, does serve to explain many phenomena of the disease, and many effects of remedies which could not be so well understood before. It serves to guard us especially against inappropriate, irritating medicines, such as were formerly in use, in the expectation of arresting the progress of fever. So long ago as 1827, Dr. Bright said he had 'almost always found that the small doses of antimonial remedies usually administered as a part of the diaphoretic plan in fever, do harm, where any decided tendency to irritation of the bowels exists.' Up to a very recent period, if it be not so in some places even now, it was a common practice to give not only antimonials, but irritating cathartics, not occasionally to evacuate the intestines, but daily, and several times a day, to 'break up,' or arrest the progress of the disease, or to cure diarrhœa, by removing the supposed cause of irritation. Surely a knowledge that this cause was inflammation in the intestines, would do something to improve such treatment. It teaches, too, and enforces, the necessity of a mild and unstimulating diet, during a long convalescence, as well as during the more active period of the disease.

"But perhaps the most important practical lesson derived from this knowledge, consists in the caution which it imposes to abstain from attempting too much by active treatment. Inflammation, it is well known, after it has become established, must go through a certain process before it can terminate in health. If typhoid fever, therefore, be inseparably connected, as it assuredly is, with a process of this sort, so that the patient cannot be restored until that process is completed, it is apparent that violent, persevering efforts to arrest the disease, after it has fairly begun its course, cannot be successful. They may do much harm, by increasing the irritation and inflammation; but it is scarcely possible that they can do good. We may allay the general irritability of the system, we may watch against the attack of unfavourable symptoms, we may soothe the irritated state of the intestinal canal, and sometimes, perhaps, moderate the severity of its local inflammation; and thus contribute greatly both to the comfort and the restoration of our patient. In the beginning of disease, before the process of inflammation is fully established, we may, perhaps, do more, and by early removing the causes of irritation, prevent its formation, and cut short its course. It is only then that active remedies can be used with benefit, or even with safety. If persevered in at a later period, they may exhaust the patient, but they will not subdue his disease."—p. 76.

We may add one remark, by the way, on the *sudamina*, which by some have been esteemed to be intimately connected with typhoid fever. These spots occur late in the disease, and, as far as our own observation has gone, not until it is about to terminate, or has actually terminated, in health. Yet,

of nine subjects, who *died* of typhoid fever, Louis found them in six, or two thirds. They are, as Dr. Hale has said, of little importance in themselves, and generally—we agree with Bouillaud[1]—are connected with the actual or antecedent existence of sweats (whence their name), and therefore observed in other diseases as well as in typhoid fever.

Physic and Physicians.[2]

Notwithstanding the numerous inaccuracies in these volumes, they are decidedly amusing. The author has collected a great amount of curious and interesting matter connected with the science and art of medicine, and its practisers. They consist of thirteen chapters, the nature of which may be judged by the captions:—1, Antiquity of physic, and defence of medical men; 2, Eccentric medical men; 3, Early struggles of eminent medical men; 4, Celebrated medical poets; 5, Sketches and illustrations of medical quackery; 6, How to get a practice, or the art of rising in physic; 7, Chronicles of Warwick Hall, and the medical and surgical luminaries of olden time; 8, Mad-doctors and mad-houses; 9, Literary and scientific medical men; 10, Medical emigration; 11, Army and navy surgeons, and East India Company's medical service; 12, Sketches of eminent living physicians;[3] and 13, Sketches of eminent living surgeons.

We confess that a perusal of the work impresses us in the same manner as it has done the editor of a respectable English medical periodical.[4]

"It would be a difficult task, indeed, to weigh the merits of deceased practitioners in an accurate balance; to show how and why the impetuous Radcliffe and the sober Fothergill equally attained an eminence which the poetical Akenside and the grave Aiken were unable to reach. But if this task would be difficult when its objects were the illustrious dead, how delicate would it become when performed upon the living? Who could venture, unswayed by preference or dislike, to analyse the compound, success, and show how much of it was made up of genius, industry, birth, fortune, and manner? Yet the author of a book which has just made its appearance,[5] solves the difficulty by the simple expedient of one continued puff; he describes more than thirty London physicians of immense merit; and we are threatened with the portraiture of several more on some future occasion, who are now happily excluded for want of room. His praises are dealt out with such undistinguishing liberality, that they pall upon the palate, and become no more complimentary than the 'pretty creature' of a parrot. Indeed, to praise with art is not quite so easy as might be imagined. Goldsmith says, 'Though no people in the world flatter each other more than the English, I know none who understand the art less, and flatter with such little refinement. Their panegyric, like a Tartar feast, is, indeed, served up with profusion, but their cookery is insupportable. A client here shall dress up a fricassee for his patron, that shall offend an ordinary nose before it enters the room. A town shall send up their address to a great minister, which shall prove at once a satire on the minister and themselves.'[6]

[1] La Lancette Française, Juillet 22, 1837.

[2] Physic and Physicians: a Medical Sketch Book, exhibiting the public and private life of the Celebrated Medical Men of former days; with memoirs of eminent living London Physicians and Surgeons. In 2 vols. small 8vo. pp. 360, 393. Lond. 1839.

[3] Amongst these we find the name of Faraday, who will be surprised to see himself classed with physicians!

[4] Lond. Med. Gazette, July 13, 1839, p. 568.

[5] Physic and Physicians.

[6] Citizen of the World, letter 110.

"In order to improve this branch of science he proposes that we should copy some Eastern nations, and maintain professed flatterers. At certain Indian courts, he says, there is a *Karamatman*, whose business it is to cry, *Karamat!* 'A miracle!' whenever the king, from his smile and manner, is supposed to have said a good thing. It is clear, that this officer requires tact and discretion, as it is not every smile of the sovereign that demands the official exclamation. Now the author of 'Physic and Physicians' is a very bad Karamatman, and continually calls out miracle! in the wrong place. In talking of Sir Henry Halford, for instance, he says, 'To be made a baronet —to have been for many years the chief court physician—to be for life president of the first medical corporation in the United Kingdom—are, indeed, honours rarely, in this country, conferred on any one single individual.' The plain fact is, that the president of the college is almost, as a matter of course, a court physician, and is as sure of being made a baronet as a judge is of being knighted. Neither is he president for life, being subjected to an annual election. And when he sets about belabouring Sir Henry's Essays with his praises, he certainly exemplifies Goldsmith's censure, and flatters with very little refinement. Who but this mistaken person would speak of the 'force and eloquence' in the president's paper 'on the Education and Conduct of a Physician?' Elegant good sense is the characteristic of this and the other papers; great vigour there is not, and at eloquence there is no attempt.

"Who but the compounder of 'Physic and Physicians' would talk so boldly of Sir J. Clark's 'unparalleled success in curing consumption;' who but he would say that before the publication of Sir James Clark's work on consumption, 'it was the generally received opinion in the profession, that *phthisical* disease was the common sequence of inflammation"? For ourselves we should be disposed to rest Sir James Clark's fame as a professional writer rather on his work upon climate, than his treatise on consumption. The author just quoted, indeed, dismisses the book on climate in a line and a half; but he has such a wonderful knack at missing the best points, and expatiating on the wrong ones, that his brevity is a sort of confirmation of our opinion.

"Again, in discussing the life and talents of Dr. Richard Bright, he tells us of his education, matriculation, and graduation; of his sketch of the zoology and botany of Iceland, and of his geological papers; nay, like an unfortunate player at blindman's-buff, he actually touches the desired object, though he cannot catch hold of it; for he mentions Dr. Bright's 'admirable work on the Deranged Action of the Kidneys, as affecting the Cerebral Functions,'[1] and his reports, which afford 'practical information upon most diseases, but especially upon those of the kidney and the nervous system.' But the great fact—the fact which has given Dr. Bright a European reputation—he misses. This fact (so well known that we are almost ashamed to mention it to our readers) is, his discovery of the connection between granulated disease of the kidney and dropsy with albuminous urine—a connection so frequent that the disease may be inferred from the secretion and the effusion. Dr. Bright has thus had his name conferred on a new disease, which is known on the continent as the *Maladie de Bright*, or *Morbus Brightianus*. Two lines stating this, or even alluding to it, would have been more to the purpose than the three pages dedicated to the biography of Dr. Richard Bright.

"But what shall we say to the nonsense our Karamatman talks about Dr. Chambers? Of his 'rising to the highest rank in his profession, although opposed by apparently insurmountable impediments;' of his coming to London 'apparently friendless,' and commencing his medical studies 'under most disadvantageous circumstances.' If he knew how to praise—if he were acquainted with the best known facts—he would have said of this distinguished physician, that though every thing has been in his favour—so

[1] There is no separate work on this subject by Dr. Bright.

that we have for many years heard him spoken of as one whose success was certain—yet has this been so great as to surpass the warmest hopes built on the most favourable auguries. Nor can we comprehend by what arithmetic the author makes out that the annual receipts of a physician whose 'house is daily beset by patients,' should only average 'nearly 4000*l.*' When detachments of the opulent sick besiege his doors, and his visits are limited only by his powers of physical endurance, we should conjecture that his fees must be considerably more numerous than ten and a fraction per day. Neither is it a whit more correct, notwithstanding what is said in 'Physic and Physicians,' that Dr. Chambers is either a lecturer on the practice of physic or examiner to the East India Company, inasmuch as he relinquished both offices some years ago.

"We shall probably return to this subject on an early occasion, and may also take some notice of what the author says concerning diseased practitioners. As he no longer thinks himself obliged to play Karamatman here, this part of his work is much superior to the sketches of living doctors, and will entertain the lovers of light reading. Yet how could he make so singular a mistake as the following one?—'Baillie (he tells us) was rejected at the college. He called the next day on Dr. Barrowby, who was one of the censors, and insisted upon his fighting him. Barrowby, who was a little puny man, declined it. "I am only a third censor," said he, "in point of age; you must first call out your own countryman, Sir Hans Sloane, our president; and when you have fought him and the two senior censors, then I shall be ready to meet you."'—(Vol. ii. p. 42-3.) We have heard of duellists whose pistols were loaded with currant jelly; yet even such a combat would not be so safe as one between Baillie and the shade of Sir Hans Sloane—the latter having died nine years before Baillie was born. We need hardly add that Baillie was not plucked at the college, and that as he was a Scotsman, and Sir Hans Sloane an Irishman, they were not precisely countrymen. The compiler has evidently substituted Baillie for some other name; indeed we seem to have met with the story before, under better auspices. His *forte* is certainly rather in stringing anecdotes together, for the devotees of circulating libraries, than in the critical analysis of facts and characters."

Hufeland's Introduction to the Practice of Medicine.[1]

As the title imports, this is a legacy of the fifty years' experience of Hufeland, one of the most distinguished of the modern practitioners of Germany. The volume embraces a wide extent, and a great number of different topics. After some preliminary observations on nature and art, diagnosis and therapeutics, the author proceeds to the consideration of diseases, which he classes in the following manner:—1, Acute fevers; 2, Intermittent and chronic fevers; 3, Inflammations and congestions; 4, Rheumatoses; 5, Gastroses; 6, Neuroses; 7, Consumptive diseases; 8, Collections of water and air; 9, Profluvia; 10, Obstructions; 11, Diseases of the skin; 12, Dyscrasies; and 13, Disorganisations, pseudo-organisations, and parasites.

After these come the diseases of women and children, with some interesting observations on the three cardinal remedial agencies—blood-letting, opium, and emetics. The volume concludes with remarks on the duties and responsibilities of the physician, and a number of medical formulæ.

The fact of the work being in its third edition, sufficiently indicates the estimation in which it is held in Germany.

[1] Enchiridion Medicum oder Anleitung zur medicinischen Praxis, Vermächtniss einer fünfzigjährigen Erfahrung von C. W. Hufeland, königl. preuss. Staatsrathe, Leibarzte, und Professor der Universität. Berlin. Dritte Auflage. 8vo. pp. 589. Herisau, 1837.

Dunglison on New Remedies.

Messrs. Lea and Blanchard will speedily publish an edition of the work on New Remedies, which is completed in the present number of the "Library."

MISCELLANEOUS NOTICES.

Lunatic Asylum at Hanwell, England.—Dr. Conolly.—This learned and skilful physician, whose attention has been largely directed to the subject of insanity, on which he has written a valuable work, has been appointed to the extensive charity in the county of Middlesex, which was previously under the medical management of Sir W. Ellis. Owing to this circumstance, it has been found inconvenient for Dr. Conolly to be associated in the editorship of the British and Foreign Medical Review, and accordingly the fifteenth number—for July last—appears under the sole, but competent, editorship of Dr. Forbes.

The pages of the Journal will still, however, be enriched by the contributions of Dr. Conolly.

University of Virginia—Dr. Griffith.—Dr. Griffith has resigned his professorship in the University of Virginia. The cause, we regret to learn, is ill health. The situation is very eligible to any one who is competent to fulfil the responsible duties, and fond of literary leisure. The board of visiters will meet early this month to appoint a successor.

Cincinnati Medical College, and Louisville Medical Institute.—The former of these colleges, we learn, has been suspended. The latter has received into it Professor Drake, previously in the former. We learn, by a circular of the Louisville Medical Institute, that he has accepted the chair of Professor of Clinical Medicine and Pathological Anatomy—making the eighth chair in that institution.

Albany Medical College, and the Comitia Minora of the State.—From a recent number of the Albany Evening Journal, with which we have been favoured by an unknown correspondent, it would appear that the Comitia Minora, of the State Medical Society to which we have the honour to belong, have thought it their duty to notice the proceedings of the Thompsonians in relation to the Albany Medical College, on which we animadverted in a recent number of the Intelligencer.

The following is the circular which they have issued:—

"Albany, August 31, 1839.

"The Comitia Minora of the State Medical Society, whose duty it is to watch over the interests of the medical profession, during the recess of the society, deem the following proceedings of sufficient importance to deserve publication, in such a form as will make them generally known to the members of the profession, to the intent, that such steps may be taken, in time, by the state and county societies, as the honour and interest of the medical profession demand. It would seem, that a settled determination

exists, to *level all distinctions in our profession*, and to place the quack and the regular practitioner on the same footing. From circumstances that have come to our knowledge, we are fearful, that, unless suitable exertions are made, by the *members of the regular profession*, to counteract the proceedings of the *steam* practitioners and their *friends*, the next legislature will remove what little disabilities the latter at present labour under. The Comitia Minora will cheerfully aid in carrying out any measures calculated to elevate the character of the medical profession, and to preserve the line between it and *quackery* as broad and distinct as possible.

JON. EIGHTS,
JOEL A. WING,
P. VAN OLINDA."

To this are appended the transactions of the Thompsonians, which gave occasion to the circular.

We are not in the habit of replying to anonymous writers, but the following paragraph, in an article headed "Albany Medical College," in the journal in question, as it reflects upon others more than ourselves, it may be well to notice.

"When the resolutions, passed by the Thompsonians, appeared in the Albany Evening Journal, it was suggested that some explanation should be published; but, on reflection, it was concluded, that as the whole matter was sufficiently understood in this city (Albany), and there seemed no prospect of the resolutions being copied into other papers, it would be advisable to let it pass without notice. But herein the faculty counted too much on the forbearance of their professional brethren. The opportunity of injuring the college was too good to be allowed to pass unimproved, and accordingly some kind friend sent the Journal containing the resolutions, accompanied with what explanations we know not, to the editor of the American Medical Library, at Philadelphia, and procured their publication in that Journal."

We trust, for his own sake, that the grounds, on which the writer rests his charges against the Comitia Minora, and others, are more real than in the case of ourselves. The Journal was sent to us anonymously, without a word of comment, or any desire expressed that it should appear in the "Intelligencer." For the article in this Journal, we alone are responsible; and we can assure the friends of the Albany college, that the observations which we made were dictated by no desire to injure the college "at a distance." None of the remarks, indeed, that have been made upon their proceedings, are calculated to do them as much injury as the proceedings themselves, which have very naturally called for animadversion from those who are directly or indirectly concerned in promoting the best interests of the elevated profession to which they belong.

Provincial Medical and Surgical Association.—The last meeting of this flourishing society—with an account of which we have been favoured by Dr. Hastings, the founder and one of the secretaries—was numerously attended, and the proceedings passed off with much spirit and good feeling. Dr. Gibson, of the University of Pennsylvania, was presented to the meeting by our distinguished friend, Dr. Forbes; and, on Dr. Forbes's motion, seconded by Sir James Murray, was made an honorary corresponding member. The speech of Dr. Hastings, in proposing—at the dinner which followed—the healths of Dr. Gibson, and of Dr. Smith, of South Carolina, embodies international sentiments to which we cordially respond.

"The stars of the association," he remarked, "never set; they shone in the east and the west. In America they had several stars of the first magnitude[1] (cheers); and he believed they would agree with him, that the scintillations of one of those stars had that morning been of no ordinary brightness (applause). The association had had the honour of enrolling amongst its members a respectable and scientific son of America—Professor Gibson, of Pennsylvania (applause). Metaphorically, the attraction of their planet had drawn him there amongst them. They had received him with pleasure and gratification, hoping that, on each returning anniversary, America would continue to send forth her sons to tell them what she was doing, and to exchange good offices with them (cheers). Thanks to the invention of steam, the difficulties of traveling hitherto existing between the two countries were obviated, and they had now become one, as respected every purpose of moral development and of medical science; and he (Dr. Hastings) therefore hoped, that as they had enrolled Professor Gibson as a member of their association, they might reasonably expect the pleasure of seeing him at every annual meeting, to be enlivened by his eloquent orations, and stimulated by his example."

Dr. Gibson replied in an appropriate address.

Columbian College, Washington, D. C.—The medical department of this institution, which has been suspended for some time, is re-organised. The professors are—Dr. Thomas Sewall, on Pathology and Practice of Medicine; Dr. Thomas P. Jones, on Chemistry and Pharmacy; Dr. Harvey Lindsly, on Obstetrics and the Diseases of Women and Children; Dr. Thomas Miller, on the Principles and Practice of Surgery; Dr. John M. Thomas, on Materia Medica and Therapeutics; and Dr. J. F. May, on Anatomy and Physiology.

State Lunatic Asylum for the Insane Poor.—The governor has not yet put his signature to the bill for establishing this useful institution. In a letter, which we have just received from Dr. Carpenter, of Bristol, England —the able author of the treatise on Comparative Physiology, to which we have already referred in the pages of this journal, he thus speaks of the project in acknowledging the receipt of one of the Appeals to the People of Pennsylvania on the subject.

"I am much obliged to you for the interesting pamphlet you were kind enough to transmit to me on the subject of the establishment of a lunatic asylum in the state of Pennsylvania. I cannot help feeling surprised that such a measure has not been adopted long since, considering the prevalence of mental disease in your country, and the spirit with which undertakings for the public benefit are there supported. I had occasion recently to pay a visit to my friend Dr. Conolly, who is now physician to the Middlesex County Asylum at Hanwell, and was extremely pleased with the establishment. It now contains above 800 patients; and out of these not above two or three were under continued personal restraint of the slightest kind. The worst feature in the system here pursued, however, is the want of power to treat the disease in a *recent* stage. Most of the cases admitted have been for some time in the parish poor-houses, and generally much mismanaged;

[1] The honorary corresponding members of the association, in America, are Professors Warren, of Boston, Gibson, and the editor.—Ed.

since the enlargement of the institution, however, some really recent cases have been taken in; and the success which attends the treatment of these is not inferior to that which is met with in the Massachusetts Asylum, the reports of which my friend Dr. Tuckerman, of Boston, has been kind enough to transmit to me.

Bristol, Aug. 24, 1839.

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[1] *Rupture of the Aorta.*[2]—Thomas Cooper, a private in the Blues, forty years old, had been very unwell for the last four months; he complained of pain in the chest and shortness of breath, and had a little cough. Two days before his death he went to the regimental hospital, and took an emetic, as he informed Mrs. Horner, a witness at the inquest. On Saturday morning, Aug. 3d, he went to Mrs. Horner, in the store-room of the barracks. He had been pipeclaying his trousers, and Mrs. H. asked him to clean a few knives for her. He said that he would. He spoke as cheerful as ever. Witness left him in the room; in six or seven minutes afterwards he came running into witness' room very quickly, put up his hands, and said, "I must go to the hospital, I have broke—" he had not power to say what. The witness saw no blood about him then. He turned round and ran down the passage. Witness overtook him at the bottom of the stairs. He seemed in great pain, and began to vomit blood in large quantity—a full spout from his mouth. Witness with difficulty supported him, and called a soldier, who tried to lead him to the hospital, but the deceased sank on his knees, and died in three minutes, in the open air.

Post-mortem examination, by the surgeon of the regiment.—In the descending aorta were several atheromatous deposits, with softening of the coats of the vessel. In one of these patches, exactly opposite the left branch of the trachea, rupture had taken place into the trachea, the opening of communication being large enough to admit the little finger. There was no dilatation of the vessel. The heart was altogether very large, the left ventricle particularly so, being much dilated, and its walls thickened. The other organs were generally healthy.

Lithotrity.[3]—M. Sanson, of the Hôtel Dieu, has recently undergone the operation of lithotrity with the happiest result. During the whole period of treatment M. Sanson was not compelled to forego his consultations for a single day.

BOOKS RECEIVED.

From the Author.—Prize Thesis—Inaugural Dissertation on the Physiological Inferences to be deduced from the structure of the Nervous System in the Invertebrated Classes of Animals. Submitted to the Medical Faculty of the University of Edinburg, in conformity with the rules for graduation, by authority of the very Rev. Principal Baird, and with the sanction of the Senatus Academicus. By William B. Carpenter, M. R. C. S., late President of the Royal Medical and Physical Societies of Edinburgh, &c. and Candidate for the degree of Doctor of Medicine. 8vo. pp. 83, two lithographs. Edinb. 1839.

Catalogue of the Officers and Students of the Medical Institute of the City of Louisville, Jan. 1, 1839. (The catalogue—to which we have before referred—is again circulated to announce the appointment of Professor Drake.)

[1] London Lancet, Aug. 31, 1839, p. 833.
[2] Inquest held on August 6th, 1839, at the Canteen, Regent's park barracks.
[3] London Lancet, Aug. 24, 1839, p. 816.